

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

Paul C. Badavas

Sex M

Date of Death

March 16, 2014

Place of
Death

Southboro - 19 Rockpoint Rd

Date of
Birth

September 25, 1937

Immediate
Cause

Myelodysplastic Syndrome

Certifier

Matthews Bean M.D./DO

Permit
Issued To

Nancy Morris

Disposition
At

Rural Cemetery

Name of
FacilityMorris Fun Home Southborough
40 Main StDate Permit
Issued

March 19, 2014

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

Tocon Clark

(Office issuing permit)

City/Town of

Southborough Mass.

Name of Decedent

Paul C. Badavas

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

Rural Cemetery

Southborough, MA

(Name of cemetery or crematory)

(City/Town)

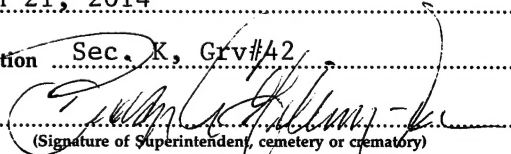
on

March 21, 2014

Final Disposition

Sec. K, Grv #42

Certified by



(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Joseph A DeNapoli

Sex M Date of Death April 21, 2014

Place of Death 19 Blackthorn Dr Southboro, MA

Date of Birth March 19, 1924

Immediate Cause CHF

Certifier Justin Dorfman M.D./DO

Permit Issued To Nancy G. Morris Morris Funeral Home

Disposition At Rural Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued April 24, 2014

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed

to Town Clerk
(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent Joseph A DeNapoli

If a U.S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough MA
(Name of cemetery or crematory) (City/Town)

on April 25, 2014

Final Disposition Section M, Grv#7

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

03-14

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of
Decedent

John F. Pfirrmann

Sex

M

Date of Death

April 26 2014

Place of
Death

11 Whistler Ln, Southboro

Date of
Birth

October 29, 1927

Immediate
Cause

Metastatic Prostate Cancer

Certifier

Bhargavi G. Lamarti

M.D./D.O.
=====Permit
Issued To

Phillip R. Short

Disposition
At

All Saints Cem. No Haver CT

Name of
FacilityShort & Son F.H. Marlborough
950 Main
N100Date Permit
Issued

April 29, 2014

The Commonwealth of Massachusetts

No.

03-14

OFFICIAL DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT

(Issued under the provisions of Chapter 114, Section 45, General Laws, Ter. Ed., as amended)

This permit can be signed only by the agent of the Board of Health (or in towns where there is no Board of Health by the town clerk) of the city or town in which the death occurred AFTER the FILING and acceptance of a satisfactory certificate of death, printed or typed in permanent black ink.

City/Town Southborough Date April 29, 2014

A satisfactory death certificate having been filed for

John F. Pfirman
Full name of decedent

who died on April 29, 2014 US War Veteran --
date of death

born on October 29, 1927, who resided at
date of birth

11 Whistler Ln
Southborough MA 01772

and who died of Metastatic Prostate Cancer
give immediate cause

Permission is hereby given for (check all appropriate boxes):

☐ Removal from: _____
name and address of original disposition

☒ Disposition at: All Saints Cem. North Haven CT
name and address of cemetery or crematory

☐ Transportation to: _____
name and address of immediate destination of remains

Permission is hereby given to:

Phillip B. Short, Short & Son F.H.
95 West Main St. Marlborough MA
name of facility
address of facility

No.

03-14

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk

(Office issuing permit)

City/Town of Southborough Mass.

Name of Decedent John F. Pfirman

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at All Saints Cemetery, North Haven, CT
(Name of cemetery or crematory) (City/Town)

on April 30, 2014

Final Disposition Sect. 7, Lot Z-69, Grave #6

Certified by: _____
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub

No. 04-14

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

Sex

Date of Death

Place of
DeathDate of
BirthImmediate
Cause

Certifier

Permit

Issued To

Disposition
AtName of
FacilityDate Permit
Issued

No. 04-14

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

(Office issuing permit)

City/Town of

Mass.

Name of Decedent

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

(Name of cemetery or crematory)

on

Final Disposition

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Thomas C. DeWolfeSex M Date of Death May 14, 2014Place of Death Southboro-Turnpike/KordavilleDate of Birth October 21, 1987Immediate Cause Blunt Force Injuries
Head, Neck, Torso, Extrem.Certifier Renee Robinson M.D./DOPermit Issued To Matthew S. MulhaneDisposition At W. Millbury Cem.Name of Facility Mulhane Home for FuneralsDate Permit Issued May 19, 2014DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk
(Office issuing permit)City/Town of Southborough Mass.Name of Decedent Thomas C. DeWolfeIf a U.S. War Veteran, specify what war, organization, etc.
- - -

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat W. Millbury Cemetery, Millbury, Ma
(Name of cemetery or crematory) (City/Town)on 5-19-14Final Disposition BurialCertified by Mark Wilkerson
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

06-14

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

Lower Clerk

(Office issuing permit)

City/Town of SOUTH BOROUGH Mass.

Name of Decedent JORDAN R. GOGUEN

If a U.S. War Veteran, specify what war, organization, etc.

NO

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at

(Name of cemetery or crematory)

(City/Town)

Rural Crematory

on

JUN 26 2014

180 Grove Street

Final Disposition Worcester, MA 01605

Certified by

John H. Cobell

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

06-14

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Jordan R. GoguenSex M Date of Death June 16, 2014Place of Death Southborough - 20 Lempere RdDate of Birth Oct 14, 1986Immediate Cause PendingCertifier Richard Evans M.D./DOPermit Issued To Peter StefanDisposition At Rural CrematoryName of Facility Salem, Putnam & MohoneyDate Permit Issued June 24, 2014

06-14

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Lower Clerk
(Office issuing permit)City/Town of SOUTH BOROUGH Mass.Name of Decedent JORDAN R. GOGUEN

If a U.S. War Veteran, specify what war, organization, etc.

NO

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat EVERGREEN LEominster
(Name of cemetery or crematory) (City/Town)

on

Final Disposition

Certified by David W. Ma
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

07-14

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

John Philip Philbin

Sex

M

Date of Death

June 21, 2014

Place of
Death

Southboro - 33 Flagg Rd

Date of
Birth

August 1, 1931

Immediate
Cause

Metastatic Colon Cancer

Certifier

M.D./DO

Permit
Issued To

Thomas B. Comeau

Disposition
AtSt John's Cemetery
Lancaster, MAName of
Facility

Philbin-Comeau FH, Clinton MA

Date Permit
Issued

June 25, 2014

07-14

DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

Town Clerk

(Office issuing permit)

City/Town of

Southborough, Mass.

Name of Decedent

John Philip Philbin

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

ST JOHN'S CEMETERY LANCASTER MA

(Name of cemetery or crematory)

(City/Town)

on

Friday, June 27, 2014

Final Disposition

ST JOHN'S CEMETERY

Certified by

MICHAEL SANDERS 6/27/14

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
Decedent

James D. Lewis

Sex M

Date of Death

July 2, 2014

Place of
Death

50 Turnpike Rd

Date of
Birth

March 20, 1928

Immediate
Cause

Cardiac Arrest

Certifier

Polina Tsygvin

M.D./DO

Permit

Issued To

Nancy Morris

Disposition
AtRural Crematory
Worcester MaName of
Facility

Morris Funeral Home

Date Permit
Issued

July 8, 2014

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

Town Clerk

(Office issuing permit)

City/Town of

Southborough

Mass.

Name of Decedent

James D. Lewis

If a U.S. War Veteran, specify what war, organization, etc.

WW II

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

(Name of cemetery or crematory)

(City/Town)

on

JULY 9 2014

Final Disposition

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of
Decedent

Michael S. Pedersen

Sex

M

Date of Death

July 13, 2014

Place of
Death

9 Mitchell St

Date of
Birth

Feb 22, 1980

Immediate
Cause

Pending

Certifier

Kemberley Spruges

M.D./D.O.

Permit
Issued To

Kenneth Pedersen

Disposition
At

Lakewood Cem

Name of
Facility

Williams Pedersen

Date Permit
Issued

July 18, 2014

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT***Stub to be retained by officer issuing permit*Name of
Decedent

Marilyn J. Babcock

Sex

M

Date of Death

Aug 11, 2014

Place of
Death

Southborough MA

Date of
Birth

June 21, 1957

Immediate
Cause

Chronic Ethanolism

Certifier

Richard Evans

M.D./DO

Permit

Issued To

Jerome Jozak

Disposition

At

Concord Crematorium

Name of
Facility

Bless Men - Burial, McAuliffe

Date Permit
Issued

Aug 2, 2014

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
DecedentSex F

Date of Death

Place of
DeathDate of
BirthImmediate
Cause

Certifier

M.D./DO

Permit

Issued To

Disposition
AtName of
FacilityDate Permit
Issued

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to

(Office issuing permit)

City/Town of

Mass.

Name of Decedent

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its terms

at

River-Side Crematory, Fairhaven

(Name of cemetery or crematory)

(City/Town)

on

SEPTEMBER 2, 2014

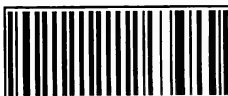
Cremation

Final Disposition

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.



0000000136

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2014 070014

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name BRANCHAUD , JEANNINE M	
	Place of Death 205 PARKERVILLE ROAD, SOUTHBOROUGH, MA	
	Date of Death SEPTEMBER 02, 2014	Date of Birth NOVEMBER 11, 1924 Sex FEMALE
	Residence 205 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772	
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO	
	Branch of military (most recent) ---	Rank/organization/outfit(most recent) ---
	Date entered(most recent) ---	Date Discharged (most recent) Service Number(most recent) ---
	Certifier ROSEMARY RYAN, MD Lic # 43613	
	Addr. 100 TRADE CENTER, G500, WOBURN, MASSACHUSETTS 01801	
CERTIFIER	Immediate Cause of Death MALIGNANT NEOPLASM OF THE BRAIN, UNSPECIFIED	
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:	
DISPOSITION	Funeral Licensee/ Designee JOHN A. MATARESE, JR Lic # 6664	
	Facility. MATARESE FUNERAL HOME AND CREMATION SERVICE, LLC, ASHLAND, MASSACHUSETTS	
	Disposition Type CREMATION	Date of Disposition SEPTEMBER 05, 2014
	Place/Address RURAL CREMATORY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605	
Endorsements		
PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 070014	Local Permit # 14-12
	Date SEPTEMBER 03, 2014	Date SEPTEMBER 04, 2014 Name of Agent PAUL J. BERRY
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:	
	Place of Disposition (Facility Name and Address)	Signature X
	Disposition Type	Date of Disposition Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

59640

		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2014 070014
0000000136 Form R-309 07012014 Information necessary for the Certificate of Death has been completed for:				
DECEDENT	Decedent Name BRANCHAUD, JEANNINE M Place of Death 205 PARKERVILLE ROAD, SOUTHBOROUGH, MA Date of Death SEPTEMBER 02, 2014 Date of Birth NOVEMBER 11, 1924 Sex FEMALE Residence 205 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____			
	Certifier ROSEMARY RYAN, MD Lic # 43613 Addr. 100 TRADE CENTER, G500, WOBURN, MASSACHUSETTS 01801 Immediate Cause of Death MALIGNANT NEOPLASM OF THE BRAIN, UNSPECIFIED			
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
	Funeral Licensee/Designee JOHN A. MATARESE, JR Lic # 6664 Facility MATARESE FUNERAL HOME AND CREMATION SERVICE, LLC, ASHLAND, MASSACHUSETTS Disposition Type CREMATION Date of Disposition SEPTEMBER 05, 2014 Place/Address RURAL CREMATORY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605			
	Endorsements			
PERMIT	Registry of Vital Records and Statistics State Tracking # 070014 Date SEPTEMBER 03, 2014		Board of Health/Agent for: SOUTHBOROUGH Local Permit # 14-12 Date SEPTEMBER 04, 2014 Name of Agent PAUL J. BERRY	
	CONFIRMATION I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:			
Place of Disposition (Facility Name and Address) Rural Cemetery, Southborough, MA Sec. H, Grv#133A		Signature X 		
Disposition Type Earth burial	Date of Disposition Sept. 12, 2014	Name of Superintendent or Authorized Designee: B.A. Gilleney-DeCenzo		


Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

59640

 0000000136 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2014 070014	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name BRANCHAUD, JEANNINE M				
	Place of Death 205 PARKERVILLE ROAD, SOUTHBOROUGH, MA				
	Date of Death SEPTEMBER 02, 2014		Date of Birth NOVEMBER 11, 1924		Sex FEMALE
	Residence 205 PARKERVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
DECEDENT	Branch of military (most recent) ---		Rank/organization/outfit (most recent) ---		
	Date entered (most recent) ---		Date Discharged (most recent) ---		Service Number (most recent) ---
	Certifier ROSEMARY RYAN, MD				
	Lic # 43613				
CERTIFIER	Addr. 100 TRADE CENTER, G500, WOBURN, MASSACHUSETTS 01801				
	Immediate Cause of Death MALIGNANT NEOPLASM OF THE BRAIN, UNSPECIFIED				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee JOHN A. MATARESE, JR				
	Lic # 6664				
	Facility MATARESE FUNERAL HOME AND CREMATION SERVICE, LLC, ASHLAND, MASSACHUSETTS				
	Disposition Type CREMATION				
DISPOSITION	Date of Disposition SEPTEMBER 05, 2014				
	Place/Address RURAL CREMATORY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 070014		Local Permit # 14-12		
	Date SEPTEMBER 03, 2014		Date SEPTEMBER 04, 2014		
CONFIRMATION	Name of Agent PAUL J. BERRY		Signature x <i>John H. Cabell</i>		
	Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605		Name of Superintendent or Authorized Designee: John H. Cabell		
	Disposition Type cremation	Date of Disposition SEP 05 2014			

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

2014 SEP 30 P 6:52

RECEIVED
TOWN OF SOUTHBOROUGH OFFICE

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Henry A. PetithorySex 65 Date of Death Oct 1, 2014Place of Death 18 Pinecone Ln, Southboro MADate of Birth September 26, 1949Immediate Cause CardiomyopathyCertifier Theo E. Meyer M.D./DOPermit Issued To Morris, NancyDisposition At Rural Crematory Worcester MAName of Facility Morris Funeral HomeDate Permit Issued October 6, 2014

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to Town Clerk

(Office issuing permit)

City/Town of Southborough Mass.Name of Decedent Henry A. Petithory

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at _____

(Name of cemetery or crematory)

(City/Town)

on 10/7/2014 Rural CrematoryFinal Disposition 180 Grove StreetCertified by John W. Cobble

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of
DecedentRichard V. Aghababian

Sex

M

Date of Death

October 1, 2014Place of
Death5 Hidden Meadow LnDate of
BirthJuly 7, 1948Immediate
CauseMetastatic Gastric Cancer

Certifier

Venu Bothin

M.D./DO

Permit

Issued To

James HealdDisposition
AtRural Cem SouthboroName of
FacilityHeald & Chiampa Fun.
Shrewsbury, MADate Permit
IssuedOctober 6, 2014

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed

to

Board of Health - Town Clerk

(Office issuing permit)

Southborough

Mass.

City/Town of

Name of Decedent

Richard V. Aghababian

If a U.S. War Veteran, specify what war, organization, etc.

None

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery Southborough, MA

(Name of cemetery or crematory)

(City/Town)

on October 7, 2014Final Disposition Sec. K, Giv #38

Certified by

(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

Stub to be retained by officer issuing permit

Name of Decedent Joan A. Barry

Sex F Date of Death Oct. 11, 2014

Place of Death 19 Gen Henry Rd

Date of Birth Sept 25, 1931

Immediate Cause Aspiration Pneumonia

Certifier Christian Correia M.D./DO

Permit Issued To Nancy Morris

Disposition At Rural Cemetery

Name of Facility Morris Funeral Home

Date Permit Issued October 14, 2014

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the Issuing City/Town, properly endorsed

to Town Clerk
(Office issuing permit)

City/Town of Southboro Mass.

Name of Decedent Joan A. Barry

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the body accompanying this permit was disposed of in accordance with its terms

at Rural Cemetery Southborough, MA
(Name of cemetery or crematory) (City/Town)

on October 15, 2014

Final Disposition Sec F, Grv #3

Certified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

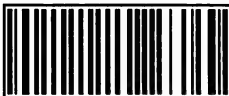
 0000003230 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2014 071724	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name SPINOZA , JANE MARIE				
	Place of Death 116 FRAMINGHAM ROAD, SOUTHBOROUGH, MA				
	Date of Death OCTOBER 14, 2014		Date of Birth APRIL 18, 1943		Sex FEMALE
	Residence 116 FRAMINGHAM ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
CERTIFIER	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____		Date Discharged (most recent) _____		Service Number(most recent) _____
	Certifier ALAN GLASER, MD Lic # 151413				
	Addr. 65 WALNUT STREET, WELLESLEY, MASSACHUSETTS 02481				
Immediate Cause of Death ALZHEIMERS DEMENTIA					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee H. TRACY MITCHELL Lic # 5416				
	Facility. ROBERTS-MITCHELL MEMORIAL CHAPELS, INC., MEDFIELD, MASSACHUSETTS				
	Disposition Type BURIAL		Date of Disposition OCTOBER 18, 2014		
	Place/Address SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 071724		Local Permit # 14-16		
	Date OCTOBER 16, 2014		Date OCTOBER 16, 2014		
Name of Agent PAUL J. BERRY					
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Cemetery Southborough, MA 01772 Section M, Grv#368		Signature 		
	Disposition Type Full Earth Burial	Date of Disposition October 18, 2014	Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000003230

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2014 071724

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name SPINOZA , JANE MARIE		
	Place of Death 116 FRAMINGHAM ROAD, SOUTHBOROUGH, MA		
	Date of Death OCTOBER 14, 2014	Date of Birth APRIL 18, 1943	Sex FEMALE
	Residence 116 FRAMINGHAM ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
CERTIFIER	Date entered(most recent) _____		Date Discharged (most recent) _____
	Service Number(most recent) _____		
	Certifier ALAN GLASER, MD Lic # 151413		
	Addr. 65 WALNUT STREET, WELLESLEY, MASSACHUSETTS 02481		
DISPOSITION	Immediate Cause of Death ALZHEIMERS DEMENTIA		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee H. TRACY MITCHELL Lic # 5416		
	Facility. ROBERTS-MITCHELL MEMORIAL CHAPELS, INC., MEDFIELD, MASSACHUSETTS		
PERMIT	Disposition Type BURIAL Date of Disposition OCTOBER 18, 2014		
	Place/Address SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	Endorsements		
	Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH		
CONFIRMATION	State Tracking # 071724		Local Permit # 14-16
	Date OCTOBER 16, 2014		Date OCTOBER 16, 2014
	Name of Agent PAUL J. BERRY		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
CONFIRMATION	Place of Disposition (Facility Name and Address)		Signature
			X
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



0000006862

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2014 074136

Information necessary for the Certificate of Death has been completed for:


DECEDENT	Decedent Name SCOTT , STEPHEN GORHAM		
	Place of Death 19 OAK HILL ROAD, SOUTHBOROUGH, MA		
	Date of Death NOVEMBER 10, 2014	Date of Birth APRIL 29, 1941	Sex MALE
	Residence 19 OAK HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01745		
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) ---		
	Branch of military (most recent) Rank/organization/outfit(most recent) ---		
	Date entered(most recent) ---	Date Discharged (most recent) ---	Service Number(most recent) ---
	CERTIFIER		
	Certifier WILLIAM WALSH, MD Lic # 81444		
CERTIFIER	Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01604		
	Immediate Cause of Death LUNG CANCER		
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:			
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277		
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
	Disposition Type CREMATION Date of Disposition NOVEMBER 12, 2014		
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH
	State Tracking # 074136		Local Permit # 14-17
	Date NOVEMBER 11, 2014		Date NOVEMBER 12, 2014
CONFIRMATION	Name of Agent PAUL J. BERRY		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address)		Signature X
Disposition Type		Date of Disposition	Name of Superintendent or Authorized Designee:

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.



 0000008913 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2014 076068 <div style="text-align: center;">  2014 DEC -3 P 2:42 </div>		
Information necessary for the Certificate of Death has been completed for:						
DECEDENT	Decedent Name BOWKER , CALVIN HENRY					
	Place of Death 11 CONSTITUTION DRIVE, SOUTHBOROUGH, MA					
	Date of Death NOVEMBER 18, 2014		Date of Birth SEPTEMBER 18, 1962		Sex MALE	
	Residence 11 CONSTITUTION DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772					
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____					
CERTIFIER	Certifier JILL ALLEN, MD Lic # 226499 Addr. 55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114					
	Immediate Cause of Death RESPIRATORY FAILURE					
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:						
DISPOSITION	Funeral Licensee/Designee RALPH A BARILE, JR Lic # 50090 Facility. BARILE FAMILY FUNERAL HOME, STONEHAM, MASSACHUSETTS Disposition Type CREMATION Date of Disposition NOVEMBER 24, 2014 Place/Address LINWOOD CEMETERY, 41 JOHN WARD AVENUE, HAVERHILL, MASSACHUSETTS 01830					
	Endorsements					
	PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
		State Tracking # 076068		Local Permit # 14-18		
Date NOVEMBER 23, 2014		Date NOVEMBER 24, 2014 Name of Agent PAUL J. BERRY				
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:					
	Place of Disposition (Facility Name and Address) <div style="text-align: center;"> Linwood Cemetery Crematory, Haverhill MA </div>			Signature <div style="text-align: center;">  </div>		
	Disposition Type CREMATION	Date of Disposition NOV 24 2014		Name of Superintendent or Authorized Designee: Michael Kenney		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000008913 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2014 076068	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name BOWKER , CALVIN HENRY				
	Place of Death 11 CONSTITUTION DRIVE, SOUTHBOROUGH, MA				
	Date of Death NOVEMBER 18, 2014		Date of Birth SEPTEMBER 18, 1962		Sex MALE
	Residence 11 CONSTITUTION DRIVE, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____ Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
CERTIFIER	Certifier JILL ALLEN, MD Lic # 226499				
	Addr. 55 FRUIT STREET, BOSTON, MASSACHUSETTS 02114				
	Immediate Cause of Death RESPIRATORY FAILURE				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee RALPH A BARILE, JR Lic # 50090				
	Facility. BARILE FAMILY FUNERAL HOME, STONEHAM, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition NOVEMBER 24, 2014		
	Place/Address LINWOOD CEMETERY, 41 JOHN WARD AVENUE, HAVERHILL, MASSACHUSETTS 01830				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 076068		Local Permit # 14-18		
	Date NOVEMBER 23, 2014		Date NOVEMBER 24, 2014 Name of Agent PAUL J. BERRY		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address)			Signature <div style="text-align: center;">X</div>	
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

 0000009167 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2014 076264 OCME CASE # 2014-14901	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name HORNE , ROBERT G Place of Death 85 MAIN STREET, SOUTHBOROUGH, MA Date of Death NOVEMBER 19, 2014 Date of Birth FEBRUARY 21, 1956 Sex MALE Residence 85 MAIN STREET, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____				
	Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
	Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____				
CERTIFIER	Certifier RICHARD EVANS, MD Lic # 58622 Addr. 55 LAKE AVENUE N, WORCESTER, MASSACHUSETTS 01655				
	Immediate Cause of Death PENDING				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee RICHARD D. COLLINS Lic # 6312 Facility. FITZGERALD & COLLINS FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS Disposition Type BURIAL Date of Disposition NOVEMBER 25, 2014 Place/Address PEOPLE'S CEMETERY, CROWELL STREET, CHATHAM, MASSACHUSETTS 02633				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 076264		Local Permit # 14-19		
	Date NOVEMBER 24, 2014		Date NOVEMBER 24, 2014 Name of Agent PAUL J. BERRY		
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address)		Signature <div style="text-align: center;">X</div>		
	Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

DISPOSITION, REMOVAL AND TRANSPORTATION PERMIT

This section to be returned immediately to the issuing City/Town, properly endorsed

to *Leuk Clerk*

(Office issuing permit)

City/Town of *Chatham Southborough* Mass.

Name of Decedent *Cinna Mattioli*

If a U.S. War Veteran, specify what war, organization, etc.

ENDORSEMENT

(To be filled in by cemetery or crematory official)

I hereby certify that the ~~body~~ ^{cremated remains} accompanying this permit was disposed of in accordance with its terms

at *Rural Cemetery* *Southborough, MA*
(Name of cemetery or crematory) (City/Town)

on *December 8, 2014*

Final Disposition *Sec. A, Lot 19a, Grv#1B*

Certified by *[Signature]*
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.



0000009604

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2014 076583

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name	MATTIOLI , ANNA --		
	Place of Death	LIBERTY COMMONS REHABILITATION AND SKILLED CARE CENTER, CHATHAM, MA		
	Date of Death	NOVEMBER 20, 2014	Date of Birth	OCTOBER 06, 1923
			Sex	FEMALE
	Residence	66 MILD BAY CIRCLE, DENNIS, MASSACHUSETTS 02639		
	If U.S. veteran, specify war/conflict(s) (most recent)	NO		
	Branch of military (most recent)	Rank/organization/outfit (most recent)		
	Date entered (most recent)	Date Discharged (most recent)	Service Number (most recent)	
CERTIFIER	Certifier	THOMAS ROTH, MD		
	Addr.	212 ORLEANS ROAD, SUITE C, CHATHAM, MASSACHUSETTS 02650		
	Immediate Cause of Death	INTRACRANIAL HEMORRHAGE		

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

DISPOSITION	Funeral Licensee/ Designee	JOHN T BLUTE	Lic # 50475
	Facility	MORRIS, O'CONNOR & BLUTE FUNERAL HOME, HARWICH, MASSACHUSETTS	
	Disposition Type	CREMATION	
	Place/Address	VINE HILLS CREMATORY, 102 SAMOSET STREET, PLYMOUTH, MASSACHUSETTS 02360	
	Date of Disposition	NOVEMBER 25, 2014	

Endorsements

PERMIT	Registry of Vital Records and Statistics	Board of Health/Agent for:	CHATHAM	
	State Tracking #	076583	Local Permit #	E-PERMIT
	Date	NOVEMBER 26, 2014	Date	--
			Name of Agent	--

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

CONFIRMATION	Place of Disposition (Facility Name and Address)	Signature
	Vine Hills Cemetery & Crematory Plymouth, MA Cremation	x Diane M. Maguire
	Disposition Type	Date of Disposition
		Name of Superintendent or Authorized Designee:
	11/29/2014	DIANE M. MAGUIRE

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a dis
This designation indicates that the death certificate has been electronically c
designated agents will later assign a permit number upon subsequent verific
by the city or town clerk or registrar. Permits without the "E-PERMIT" desi
acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is sti
certificates, the cremation clearance may have already been issued. Clearanc
of this form.

After confirmation of disposition, the disposition facility shall return the cor
retain a copy for their records.

12/12/14
Crematory signed
where Cemetery
Superintendent should be
signed. So State said
to complete paper
permit to track where
remains have been
buried.

TOWN OF SOUTHBOROUGH



RECEIVED
TOWN CLERK'S OFFICE

2014 DEC 17 A 9:27

SOUTHBOROUGH, MA

DEPARTMENT OF PUBLIC WORKS

147 CORDAVILLE ROAD • SOUTHBOROUGH, MASSACHUSETTS 01772-1802 • (508) 485-1210 • FAX (508) 229-4444

Julie Smith, Town Clerk
Town of Chatham
549 Main St.
Chatham, MA 02633

December 17, 2014

Dear Ms. Smith,

I'm sending you some copies of documents regarding the final disposition of Anna Mattioli who died in Chatham on 11/20/2014, was cremated in Plymouth on 11/29/2014 and buried in the family lot here at Rural Cemetery in Southborough Massachusetts on 12/8/2014. Massachusetts Vital Records suggest that we send you a copy of the final disposition for your records in Chatham.

Please find the following photocopies Attached:

1. A photocopy of the original *DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT* that I received from Funeral Director John T. Blute, of the Morris O'Connor & Blute Funeral Home in Harwich Massachusetts, for the burial of Anna Mattioli.
2. A photocopy of the *Disposition, Removal and Transportation Permit* filed with the Town Clerks Office in Southborough Massachusetts for Anna Mattioli's Burial here at Rural Cemetery.

If there are any questions please let me know, I'm always here to help.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Bridget A. Gillehey-DeCenzo".

Bridget A. Gillehey-DeCenzo, Cemetery Supervisor
Town of Southborough DPW
147 Cordaville Rd.
Southborough, MA 01772-1802
Phone: 508-485-1618 Fax: 508-485-8052

bridget.gillehey@townofsouthborough.com

COPY

**DISPOSITION, REMOVAL AND
TRANSPORTATION PERMIT**

This section to be returned immediately to the issuing City/Town, properly endorsed

to Perk Clerk
(Office issuing permit)City/Town of Chatham Southborough Mass.Name of Decedent Anna MattioliIf a U.S. War Veteran, specify what war, organization, etc.
=====**ENDORSEMENT**

(To be filled in by cemetery or crematory official)

I hereby certify that the ~~body~~ ^{cremated remains} accompanying this permit was
disposed of in accordance with its termsat Rural Cemetery.....Southborough.....MA.....
(Name of cemetery or crematory) (City/Town)on December 8, 2014Final Disposition Sec. A, Lot 19A, Grv #1BCertified by [Signature]
(Signature of Superintendent, cemetery or crematory)

If there is no officer in charge, funeral director must sign and return this stub.

COPY



0000009604

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2014 076583

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name MATTIOLI , ANNA —		
	Place of Death LIBERTY COMMONS REHABILITATION AND SKILLED CARE CENTER, CHATHAM, MA		
	Date of Death NOVEMBER 20, 2014	Date of Birth OCTOBER 06, 1923	Sex FEMALE
	Residence 66 MILD BAY CIRCLE, DENNIS, MASSACHUSETTS 02639		
CERTIFIER	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
	Date entered(most recent) _____ Date Discharged (most recent) _____ Service Number(most recent) _____		
	Certifier THOMAS ROTH, MD Lic # 218838		
	Addr. 212 ORLEANS ROAD, SUITE C, CHATHAM, MASSACHUSETTS 02650		
DISPOSITION	Immediate Cause of Death INTRACRANIAL HEMORRHAGE		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee JOHN T BLUTE Lic # 50475 Facility MORRIS, O'CONNOR & BLUTE FUNERAL HOME, HARWICH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition NOVEMBER 25, 2014 Place/Address VINE HILLS CREMATORY, 102 SAMOSET STREET, PLYMOUTH, MASSACHUSETTS 02360		
Endorsements			
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: CHATHAM
	State Tracking # 076583		Local Permit # E-PERMIT
	Date NOVEMBER 26, 2014		Date _____ Name of Agent _____
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
	Place of Disposition (Facility Name and Address) Vine Hills Cemetery & Crematory Plymouth, MA Cremation		Signature x Diane M. Maguire
	Disposition Type _____	Date of Disposition 11/29/2014	Name of Superintendent or Authorized Designee: DIANE M. MAGUIRE

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

COPY



0000014476

Form R-309 07012014



Commonwealth of Massachusetts
Registry of Vital Records and Statistics
**DISPOSITION, REMOVAL
OR TRANSPORTATION
PERMIT**

State File #

2014 079679

Information necessary for the Certificate of Death has been completed for:

DECEDENT	Decedent Name HART , MURIEL BULLARD		
	Place of Death 252 BOSTON ROAD, SOUTHBOROUGH, MA		
	Date of Death DECEMBER 13, 2014	Date of Birth JANUARY 01, 1923	Sex FEMALE
	Residence 252 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772		
	If U.S. veteran, specify war/conflict(s) (most recent) NO		
	Branch of military (most recent) _____ Rank/organization/outfit(most recent) _____		
CERTIFIER	Date entered(most recent) _____		Date Discharged (most recent) _____
	Service Number(most recent) _____		
	Certifier JOHN G KRIKORIAN, MD Lic # 36428		
	Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702		
DISPOSITION	Immediate Cause of Death TRANSITIONAL CELL CARCINOMA OF THE LEFT KIDNEY METASTATIC TO BONE AND PLEURA		
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:		
	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277		
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS		
PERMIT	Disposition Type CREMATION		Date of Disposition DECEMBER 16, 2014
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605		
	Endorsements		
	Registry of Vital Records and Statistics		
CONFIRMATION	State Tracking # 079679		Local Permit # 14-20
	Date DECEMBER 16, 2014		Date DECEMBER 16, 2014
	Name of Agent PAUL J. BERRY		
	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:		
Place of Disposition (Facility Name and Address)		Signature	
		X	
Disposition Type	Date of Disposition	Name of Superintendent or Authorized Designee:	

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

60324

 0000014476 Form R-309 07012014		Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2014 079679	
Information necessary for the Certificate of Death has been completed for:					
DECEDENT	Decedent Name HART , MURIEL BULLARD				
	Place of Death 252 BOSTON ROAD, SOUTHBOROUGH, MA				
	Date of Death DECEMBER 13, 2014		Date of Birth JANUARY 01, 1923		Sex FEMALE
	Residence 252 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772				
	If U.S. veteran, specify war/conflict(s) (most recent) NO				
DECEDENT	Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____				
	Date entered (most recent) _____		Date Discharged (most recent) _____		Service Number (most recent) _____
CERTIFIER	Certifier JOHN G KRIKORIAN, MD Lic # 36428				
	Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702				
	Immediate Cause of Death TRANSITIONAL CELL CARCINOMA OF THE LEFT KIDNEY METASTATIC TO BONE AND PLEURA				
This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277				
	Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS				
	Disposition Type CREMATION		Date of Disposition DECEMBER 16, 2014		
	Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements					
PERMIT	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH		
	State Tracking # 079679		Local Permit # 14-20		
	Date DECEMBER 16, 2014		Date DECEMBER 16, 2014		
		Name of Agent PAUL J. BERRY			
CONFIRMATION	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	Place of Disposition (Facility Name and Address) Rural Crematory 180 Grove Street Worcester, MA 01605			Signature 	
	Disposition Type Cremation		Date of Disposition DEC 16 2014		Name of Superintendent or Authorized Designee: John H Cobill

Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.

60324

 0000014476 Form R-309 07012014		 Commonwealth of Massachusetts Registry of Vital Records and Statistics DISPOSITION, REMOVAL OR TRANSPORTATION PERMIT		State File # 2014 079679		
Information necessary for the Certificate of Death has been completed for:						
DECEDENT	Decedent Name HART , MURIEL BULLARD					
	Place of Death 252 BOSTON ROAD, SOUTHBOROUGH, MA					
	Date of Death DECEMBER 13, 2014		Date of Birth JANUARY 01, 1923		Sex FEMALE	
	Residence 252 BOSTON ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772					
	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) _____ Rank/organization/outfit (most recent) _____ Date entered (most recent) _____ Date Discharged (most recent) _____ Service Number (most recent) _____					
CERTIFIER	Certifier JOHN G KRIKORIAN, MD Lic # 36428 Addr. 571 UNION AVENUE, FRAMINGHAM, MASSACHUSETTS 01702 Immediate Cause of Death TRANSITIONAL CELL CARCINOMA OF THE LEFT KIDNEY METASTATIC TO BONE AND PLEURA					
	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:					
	DISPOSITION	Funeral Licensee/ Designee NANCY G MORRIS Lic # 50277 Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS Disposition Type CREMATION Date of Disposition DECEMBER 16, 2014 Place/Address RURAL CEMETERY, 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605				
Endorsements						
PERMIT		Registry of Vital Records and Statistics State Tracking # 079679 Date DECEMBER 16, 2014		Board of Health/Agent for: SOUTHBOROUGH Local Permit # 14-20 Date DECEMBER 16, 2014 Name of Agent PAUL J. BERRY		
		I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:				
	CONFIRMATION	Place of Disposition (Facility Name and Address) Rural Cemetery Southborough, MA 01772 Sec. 1-C, Lot 11, Grv#1B		Signature 		
Disposition Type Burial of cremated remains		Date of Disposition January 3, 2015	Name of Superintendent or Authorized Designee: Bridget A. Gilleney-DeCenzo			

Acceptance of Permit

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A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

After confirmation of disposition, the disposition facility shall return the completed permit to the board of health agent as listed above and retain a copy for their records.